PATENT APPLICATION FEE DETERMINATION RECORD Effective December 29, 1999 CR 503 215														
CLAIMS AS FILED - PART I (Column 1) (Column 2)									SMAI TYP		ENTITY	OR.	OTHER SMALL	
FO	R		NUMBER FILED			NUMBER EXTRA			RAT	_	FEE	7 1	RATE	FEE
BA	SIC FEE	3							A		345.00	OR		690.00
TO	TAL CLAIMS	3	40 minus 20= · 20						X\$ 9			OR	X\$18=	360
IND	EPENDENT CL	AIMS							X39:	-		1		
MULTIPLE DEPENDENT CLAIM PRESENT									739			OR	X78=	702.
									+130	=		OR	+260=	
* If the difference in column 1 is less than zero, enter "0" in column 2								•	TOTA	۱L		OR	TOTAL	1752
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)									SMA	LL E	ENTITY	OTHER THAN SMALL ENTITY		
ENT A		REMA AF	AIMS AINING TER DMENT		PF	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA		RAT	Ę	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT	Total	• 4	0	Minus	**	40	=		X\$ 9			OR	X\$18=	
AME	Independent	• /	0	Minus	•••	12	=		X39	=		OR	X78=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+130)=		OR	+260=	
									TO ADDIT, F	TAL	_	OR	TOTAL ADDIT, FEE	
		(Colu	ımn 1)		(C	Column 2)	(Column 3)	•	אטטוז. ז	-CE	•		AUUII. FEE	
AMENDMENT B	W.	CL REM/ AF	AIMS AINING TER IDMENT		Pi	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA		RAT	E	ADDI- TIONAL FEE		RATÉ	ADDI- TIONAL FEE
	Total	. 4	10	Minus	**	40	-		X\$ 9	IĬ		OR	X\$18≃	
ME	Independent		10	Minus	••	10	2		X39	=		OR	X78=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+130)=		OR	+260=	
									TO ADDIT. I	TAL		OR	TOTAL ADDIT, FEE	
		(Colu	umn 1)		((Column 2)	(Column 3)	•	ADDII. I					
AMENDMENT C	C.	REM AF	AIMS AINING TER IDMENT		PI	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA		PAT	Ε	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	. 4	10	Minus		40	=		X\$ 9)= · ;		OR	X\$18=	
	independent		,0	Minus	••	, ,	=		X39	=		OR	X78=	
_	FIRST PRESE	NTATIO	ON OF M	ULTIPLE DE	PEN	DENT CLAIM	1					107	<u> </u>	 -
	Make and the			Nama anakari tan ara-k		Lucito "A" in	oluma 2		+130			OR	+260=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.														

Application or Docket Number

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

09/503215

CLAIMS AS FILED - PART					SMALL ENTITY				NTITY		OTHER THAN	
TO	OTAL CLAIMS		(Column	(Column 1)		ımn 2)	١,	TYPE			SMALL ENTITY	
			<u> </u>					RATE	FEE	_	RATE	FEE
FC)R		NUMBER	FILED	NUME	BER EXTRA		BASIC FEE	385.00	OR	BASIC FEE	770.00
TC	TAL CHARGE	ABLE CLAIMS	40 min	nus 20=	. 20			XS 9=		OR	X\$18=	360
	DEPENDENT C		L	nus 3 =	*	9		X43=		OR	X86=	202
MULTIPLE DEPENDENT CLAIM PRESENT								+145=		OR	+290=	
* If the difference in column 1 is less than zero, enter						column 2	L	TOTAL		OR	TOTAL	1862
	С	LAIMS AS A	MENDED - PART II							OTHER		
_		(Column 1)	Υ	(Colun		(Column 3)	i r	SMALL	ENTITY	OR	SMALL	ENTITY
AMENDMENT *	JO _	CLAIMS REMAINING AFTER AMENDMENT		HIGHI NUME PREVIO PAID I	BER JUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	· 40	Minus	** 4		=		X\$ 9=		OR	X\$18=	
AME	Independent	TATION OF MI	Minus		2	= ,		X43=		OR'	X86=	
L	TINSTENESE	INTATION OF MA	JEHIP LE DEF	ENDENT	CLAIN			+145=		OR	+290=	
							L	TOTAL DDIT. FEE		OR ,	TOTAL ADDIT, FEE	
		(Column 1)		(Colum	nn 2)	(Column 3)				•		
AMENDMENT &	2	CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	BER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	· 40	Minus	** 4	0	=		X\$ 9=		OR	X\$18=	
	Independent	* /0	Minus	*** /	2	=		X43=		OR	X86=	
	FIRST PRESE	NTATION OF ML	JUIPLE DEP	ENDENT	CLAIM			+145=		OR	+290=	
								TOTAL DDIT. FEE	·	OR A	TOTAL DDIT. FEE	
		(Column 1)		(Colum	in 2)	(Column 3)	, ,	3011 T E E =	·	,	<i>-</i>	
AMENC MENT		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIOI PAID F	ST ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
N N	iotai	l I ★ ·	Minus	**		=	İ	X\$ 9=	•	OR I	X\$18=	· P
AME	Independent	*	Minus	***		=		X43=			X86=	
	FIRST PRESE	NTATION OF MU	LTIPLE DEP	ENDENT	CLAIM		-			OR		
. 1	the entry in eather	nn 1 ic lace than #						+145=		OR	+290=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." **-If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												